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Flat C, 23/F., Lucky Plaza, 315-321 Lockhart Road, Wan Chai, Hong Kong, China

ESPS Peer-review Report

Name of Journal: World Journal of Cardiology

ESPS Manuscript NO: 7468

Title: Peripartum Cardiomyopathy: A Puzzle Closer to Solution

Reviewer code: 01194590 Science editor: Qi, Yuan

Date sent for review: 2013-11-20 19:27 **Date reviewed:** 2013-12-01 18:23

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[] Grade A (Excellent)	[Y] Grade A: Priority Publishing	Google Search:	[Y] Accept
[Y] Grade B (Very good)	[] Grade B: minor language polishing	[] Existed	[] High priority for
[] Grade C (Good)	[] Grade C: a great deal of	[] No records	publication
[] Grade D (Fair)	language polishing	BPG Search:	[]Rejection
[] Grade E (Poor)	[] Grade D: rejected	[] Existed	[] Minor revision
		[] No records	[] Major revision

COMMENTS TO AUTHORS

The invited review focused on peripartum cardiomyopathy (PPCM), a condition that the author has researched for many years. He divided the topic into two parts: the first is what we have known and the second is what we did not know. It looked fine. However, the effect of left ventricular ejection fraction on prognosis and recovery was scattered into several parts. I suggested that all evidence regarding ejection fraction should be put into one place for readers' convenience. Besides, the treatment of PPCM should be put into one place and what treatment differences between PPCM and heart failure caused by other factors should be mentioned. Finally, given the review nature, please give a schema for clearly presenting the possible pathogenesis.



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Name of Journal: World Journal of Cardiology

ESPS Manuscript NO: 7468

Title: Peripartum Cardiomyopathy: A Puzzle Closer to Solution

Reviewer code: 02446694 Science editor: Qi, Yuan

Date sent for review: 2013-11-20 19:27 Date reviewed: 2013-12-01 19:14

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[] Grade A (Excellent)	[] Grade A: Priority Publishing	Google Search:	[Y] Accept
[Y] Grade B (Very good)	[Y] Grade B: minor language polishing	[] Existed	[] High priority for
[] Grade C (Good)	[] Grade C: a great deal of	[] No records	publication
[] Grade D (Fair)	language polishing	BPG Search:	[]Rejection
[] Grade E (Poor)	[] Grade D: rejected	[] Existed	[] Minor revision
		[] No records	[] Major revision
1			

COMMENTS TO AUTHORS

The author reviewed the pathogenesis and treatment of peripartum cardiomyopathy (PPCM) including the recent knowledge and unsolved problems. This review is interesting and educative and the effort of author seems to be praiseworthy. I raised two requests for the readers. 1) Some studies have shown the effectiveness of bromocriptine in PPCM, although it is important to use ACE inhibitor and beta-blocker as the treatment in PPCM. The readers will be interest in the treatment with bromocriptine. Therefore, the author had better provide any information regarding the treatment with bromocriptine in PPCM, such as the dose, timing of beginning, duration and effectiveness, if possible. 2) The author presented several cases with reduced LVEF in the last of manuscript. The readers will include a lot of cardiologists and so the author had better describe them intelligibly. It is a little difficult to understand some abbreviations.



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ESPS Peer-review Report

Name of Journal: World Journal of Cardiology

ESPS Manuscript NO: 7468

Title: Peripartum Cardiomyopathy: A Puzzle Closer to Solution

Reviewer code: 00211910 Science editor: Qi, Yuan

Date sent for review: 2013-11-20 19:27 **Date reviewed:** 2013-12-17 17:09

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[] Grade A (Excellent)	[Y] Grade A: Priority Publishing	Google Search:	[Y] Accept
[Y] Grade B (Very good)	[] Grade B: minor language polishing	[] Existed	[] High priority for
[] Grade C (Good)	[] Grade C: a great deal of	[] No records	publication
[] Grade D (Fair)	language polishing	BPG Search:	[]Rejection
[] Grade E (Poor)	[] Grade D: rejected	[] Existed	[] Minor revision
		[] No records	[] Major revision

COMMENTS TO AUTHORS

This is a well-written manuscript and provide comprehensive information. There are only minor deficiencies: 1. For readers, some abbreviations need to be spelled out: page 5, line 3: HELLP page 6, line 21: hsCRP page 7, line 1: LVEDd page 7, line 25: TTN page 13, line 6: FLT1 page 13, line 17: PIGF page 14, line 23: SCD 2. Page 7, line 24: two "dilated" words.